Diagnostic Services	Maximum Benefit	Code
Periodic Oral Examination	\$ 15	D0120
Limited Oral Evaluation (specific oral health problem)	\$ 15	D0140
Comprehensive Oral Examination- new or established patient	\$ 23	D0150
Radiographs/Diagnostic Imaging		
Intraoral Complete Series (once in a period of three plan years, including bitewings)	\$ 50	D0210
Intraoral - Periapical First Film	\$ 11	D0220
Intraoral - Periapical Each Additional Film	\$ 8	D0230
Bitewing Single Film	\$ 9	D0270
Bitewing Two Films	\$ 17	D0272
Bitewing Four Films	\$ 26	D0274
Panoramic Film, (once in a period of three plan years)	\$ 42 Maximum	D0330
Preventive Services	Benefit	Code
Prophylaxis Adult - Twice each plan year	\$ 34	D1110
Prophylaxis Child - Twice each plan year	\$ 23	D1120
Topical Application of Fluoride - Child (includin g prophylaxis) (once each plan year, covered through age 18 only)	\$ 37	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only)	\$ 14	D1203
Sealant - per tooth, covered through age 18 only	\$ 23	D1351
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$ 72	D1510
Fixed Bilateral	\$ 81	D1515
Removable Unilateral	\$ 72	D1520
Removable Bilateral	\$ 81	D1525
Restorative Services	Maximum Benefit	Code
Amalgam Restorations		
Amalgam One Surface, Primary or Permanent	\$ 39	D2140
Amalgam Two Surfaces, Primary or Permanent	\$ 56	D2150
Amalgam Three Surfaces, Primary or Permanent	\$ 64	D2160
Amalgam Four or more Surfaces, Primary or Permanent	\$ 71	D2161
Resin-Based Composite Restorations		
One Surface, Anterior	\$ 46	D2330
Two Surfaces, Anterior	\$ 59	D2331
Three Surfaces, Anterior	\$ 73	D2332
Four or more Surfaces or involving incisal angle (anterior)	\$ 79	D2335
One Surface Posterior	\$ 81	D2391
Two Surface Posterior	\$112	D2392
Three Surface Posterior	\$139	D2393
Four or More Surfaces, Posterior	\$172	D2394
Crowns/Single Restorations Only		_
Crown-Resin (indirect)	\$ 86	D2710
Crown-Resin with high noble metal	\$250	D2720
Crown-Resin predominantly base metal	\$215 \$244	D2721
Crown-Resin with noble metal	\$241	D2722
Crown-Porcelain/Ceramic Substrate	\$253	D2740
Crown-Porcelain fused to high noble metal	\$254	D2750
Crown-Porcelain fused to predominantly base metal	\$237	D2751
Crown-Porcelain fused to noble metal	\$246	D2752
Crown-3/4 cast predominately base metal	\$252	D2781
Crown-Full cast high noble metal	\$227	D2790
Crown-Full cast predominantly base metal	\$233	D2791
Crown-Full cast noble metal	\$246	D2792
Other Restorative Services		
Recement Inlay	\$ 17	D2910
Recement Crown	\$ 18	D2920
Prefabricated stainless steel Crown (primary tooth)	\$ 58	D2930
Prefabricated stainless steel Crown (permanent tooth)	\$ 62	D2931
Prefabricated Resin Crown	\$ 54	D2932

Pulp Capping	Endodontics	Maximum	Code
Pulp Cap - Prient (excluding final restoration) \$ 20 D310		Benefit	
Pulic Cap - Indirect (excluding final restoration) \$ 20 D3120		\$ 26	D3110
Root Canal Therapy (include intra-operative radiographs)		· -	
Anierior (excludes final restoration) Molar (excludes final restoration) Molar (excludes final restoration) Molar (excludes final restoration) Anterior Anterior Periodontics Periodontics Periodontics Maximum Ginglvectomy/Ginglvoplasty Per quadrant 1 - 3 Teeth per quadrant 1 - 4 Teeth per quadrant 1 - 5 Teeth per quadrant 1 - 5 Teeth per quadrant 1 - 6 Teeth per quadrant 1 - 7 Teeth per quadrant 1 - 6 Teeth per quadrant 1 - 7 Teeth per quadrant 2 - 7 Teeth per quadrant 3 - 7 Teeth per quadrant 4 or more contiguous teeth or bounded teeth spaces per quadrant 1 - 8 Teeth per quadrant 1 - 8 Teeth per quadrant 1 - 8 Teeth per quadrant 2 - 7 Teeth per quadrant 3 - 7 Teeth per quadrant 4 or more contiguous teeth or bounded teeth spaces per quadrant 1 - 1 - 6 Teeth per quadrant 5 Teeth per quadrant 6 Teeth per quadrant 7 Teeth per quadrant 8 Teeth per quadrant 8 Teeth per quadrant 8 Teeth per quadrant 9 Teeth per quadrant 1 - 1 - 2 Teeth per quadrant 9 Teeth per quadrant 1 - 3 Teeth per quadrant 1 - 3 Teeth per quadrant 1 - 4 Teeth per quadrant 1 - 5 Teeth per quadrant 1 - 6 Teeth per quadrant 1 - 6 Teeth per quadrant 1 - 7 Teeth per quadrant 1 - 7 Teeth per quadrant 1 - 7 Teeth per quadrant 1 - 8 Teeth per quadrant 1 - 7 Teeth per quadrant 1 - 8 Teeth per quadrant 1 - 9 Teeth per quadrant 1 - 1 Teeth per quadrant 1 - 1 Teeth per quadrant 1 - 1 Teeth per quadrant 1 - 2 Teeth per quadrant 1 - 2 Teeth per quadrant 1 - 3 Teeth per quadrant 1 - 4 Teeth per quadrant 1 - 5 Teeth per quadrant 1 - 6 Teet		\$ 62	D3220
Modar (secludes final restoration)		\$244	D3310
Retreatment of Previous Root Canal Therapy	Bicuspid (excludes final restoration)	\$304	D3320
Anterior S266 D3348 D3347 Molar Periodontics Maximum Code	Molar (excludes final restoration)	\$410	D3330
Bicuspid Molar	Retreatment of Previous Root Canal Therapy		
Maximum Maxi	Anterior	\$266	D3346
Per quadrant	·		
Per quadrant \$1.5 D4210 1 - 3 Teeth per quadrant \$5.5 D4210 1 - 3 Teeth per quadrant \$5.5 D4210 1 - 3 Teeth per quadrant \$5.3 D4211 6 Ingival Flap Procedure Fer quadrant includes root planing Gingival Flap - including root planing, 1-3 teeth per quadrant \$117 D4241 Osseous Surgery (Including flap entry and closure) 4 or more contiguous teeth or bounded teeth spaces per quadrant \$120 D4261 Bone Replacement Graft First site in quadrant \$120 D4261 Bone Replacement Graft First site in quadrant \$173 D4264 Each additional site in quadrant \$173 D4264 Pedicle Soft Tissue Graft Fre Soft Tissue Graft Fre Soft Tissue Graft Fre Soft Tissue Graft Fre Soft Tissue Graft 4 or more contiguous teeth or bounded teeth spaces per quadrant 5 over the soft Tissue Graft Fre Sof		·	D3348
Per quadrant	Periodontics		Code
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Bone Replacement Graft First site in quadrant Each additional site in quadrant Pedicle Soft Tissue Graft Pedicle Soft Tissue Graft Provisional Splinting Intracoronal Extracoronal Extracor	1-3 contiguous teeth or bounded teeth spaces per guadrant	\$120	D4261
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Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth) Adjustments to Dentures Adjust complete denture - Maxillary Adjust complete denture - Mandibular Adjust partial denture - Maxillary Adjust partial denture - Maxillary Adjust partial denture - Mandibular Substitute - Mandibul	Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$529	D5213
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repairs to Fatual Delitules	1	
Repair resin denture base	\$ 48	D5610
Repair cast framework	\$ 62	D5620
Repair or replace broken clasp	\$ 54	D5630
Replace broken teeth - per tooth	\$ 41	D5640
Add tooth to existing partial denture Add clasp to existing partial denture	\$ 59 \$ 77	D5650 D5660
Denture Rebase Procedure	ΨΤΤ	D3000
Rebase complete maxillary denture	\$179	D5710
	· ·	
Rebase complete mandibular denture	\$179	D5711
Rebase maxillary partial denture	\$179	D5720
Rebase mandibular partial denture	\$179	D5721
Denture Reline Procedure	¢100	DE720
Reline complete maxillary denture (chairside) Reline complete mandibular denture (chairside)	\$109 \$109	D5730 D5731
Reline maxillary partial denture (chairside)	\$109	D5740
Reline mandibular partial denture (chairside)	\$109	D5741
Reline complete maxillary denture (laboratory)	\$154	D5750
Reline complete mandibular denture (laboratory)	\$154	D5751
Reline maxillary partial denture (laboratory)	\$154	D5760
Reline mandibular partial denture (laboratory)	\$154	D5761
Prosthodontics (continued)	Maximum Benefit	Code
Fixed Partial Denture Pontics	Dellelli	
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal	\$248	D6210
Pontic-Cast predominantly base metal	\$219	D6211
Pontic-Cast noble metal	\$224	D6212
Pontic-Porcelain fused to high noble metal	\$249	D6240
Pontic-Porcelain fused to predominantly base metal	\$227	D6241
Pontic-Porcelain fused to noble metal	\$237	D6242
Pontic-Resin with high noble metal	\$234	D6250
Pontic-Resin with predominantly base metal	\$227	D6251
Pontic-Resin with noble metal Fixed Partial Denture Retainers - Crowns	\$257	D6252
Crown-Resin with high noble metal	CO4 E	D6720
Crown-Resin with right hobie metal Crown-Resin with predominartly base metal	\$245 \$230	D6720 D6721
Crown-Resin with noble metal	\$211	D6721
Crown-Porcelain fused to high noble metal	\$250	D6750
Crown-Porcelain fused to predominantly base metals	\$232	D6751
Crown-Porcelain fused to noble metal	\$231	D6752
Crown-3/4 cast high noble metal	\$240	D6780
Crown-Full cast high noble metal	\$245	D6790
Crown-Full cast predominantly base metal	\$230	D6791
Crown-Full cast noble metal Other Fixed Partial Denture Services	\$234	D6792
Recement Fixed Partial Denture	\$ 23	D6930
Fixed Partial Denture Repair, by report	\$ 45	D6980
Oral Surgery	Maximum	Code
Extractions	Benefit	Joue
Coronal Remnants - Deciduous Tooth	\$ 74	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal)	\$ 70	D7140
Surgical Extraction (Includes lead appethosis out wing if peeded and routine peetengrative core)		
(Includes local anesthesia, suturing if needed, and routine postoperative care) Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of		
bone and/or section of tooth	\$ 50	D7210
Removal of impacted tooth - soft tissue	\$ 67	D7220
Removal of impacted tooth - partially bony	\$ 90	D7230
Removal of impacted tooth - completely bony	\$107	D7240
Removal of impacted tooth - completely bony with unusual surgical complications Surgical removal of residual tooth roots (cutting procedure)	\$121 \$ 46	D7241
odigical removal of residual tooth foots (cutting procedure)	\$ 46	D7250
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Biopsy of oral tissue - hard (bone/tooth)	\$ 66	
	,	D7285
Biopsy of soft tissue - soft (all others)	\$ 57	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$ 46	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$ 46	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$ 62	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrar		D7321
Frenulectomy - separate procedure	\$ 83	D7960
Adjunctive General Services	Maximum Benefit	Code
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	\$ 12	D9110
Anesthesia General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - first 30 minutes	\$156	D9220
General anesthesia - each additional 15 minutes	\$ 61	D9221
Intravenous sedation/analgesia - first 30 minutes	\$180	D9241
Intravenous sedation/analgesia - each additional 15 minutes	\$ 75	D9242
Miscellaneous Services		
Occlusal guards, by report	\$110	D9940
Occlusal adjustment, limited	\$ 39	D9951
Occlusal adjustment, complete	\$ 77	D9952